



1ST CAPTAIN'S CHALLENGE RUN/WALK/FUN RUN
SPAWAR Systems Center Charleston
OCTOBER 14, 2000

Please print, complete, and mail to:

SPAWARSYSCEN Charleston
PO Box 190022
ATTH: Captain's Challenge Race Committee/61PB
N. Charleston, SC 29406-3516

CAPTAIN'S CHALLENGE RUN/WALK/FUN RUN REGISTRATION. Day of Race registration 7:30 – 8:30 AM (For more information, please call Challenge Organizer, Lisa Potts at 843- 218-5053)

Event: Run___ Walk___ **Start Time: 9:00 AM Bldg. 3147**
Mile Fun Run___ **Start Time: 10:00 AM Bldg. 3147**

Last Name_____ **First Name** _____
Address _____
City_____ **State**_____ **Zip**_____
Phone ()_____ - _____ **E-mail**_____

T-shirt Size: Adult: M___L___XL___ Child: M___L___

Emergency Contact_____
Phone No. ()_____

Waiver for Run:

All Entrants must sign (If under 18, legal guardian must sign)
In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, release and discharge the sponsors and operators of the Captain's Challenge, their agents and employees from any and all claims for damages suffered by me as a result of my participation in or traveling to or from the said event to be held on October 14, 2000. I specifically release and discharge said operators and sponsors from all injuries or damages arising from or contributed to by any physical impairment or defect I may have, whether latent or patent, and agree that they are under no obligation to provide a physical examination or other evidence of my physical fitness to participate in such event the same being my sole responsibility. I also give permission for the free use of my name and picture in any broadcast, telecast or written account of the event.

Signature:_____ **Date:**_____

Participant/Team Captain or Parent/Guardian

1. _____ Date: _____

Team Member or Parent/Guardian

2. _____ Date: _____

Team Member or Parent/Guardian

3. _____ Date: _____

Team Member or Parent/Guardian

4. _____ Date: _____

ENTRY FEES: (Please indicate)

Individual:

Before September 15, 2000\$14.00 ____ (T-shirt guaranteed)

Late Registration after September 15, 2000 \$18.00 ____ (No T-shirt guaranteed)

Team:

Before September 15, 2000\$56.00 ____ (T-shirt guaranteed)

Late Registration after September 15, 2000 \$72.00 ____ (No T-shirt guaranteed)

Kids Mile Fun Run:

Before September 15, 2000\$ 8.00 ____ (T-shirt guaranteed)

Later Registration after September 15, 2000 \$12.00 ____ (No T-shirt guaranteed)

Total enclosed: \$_____

TEAM REGISTRATION. (Note: All entrants are required to sign the waiver on the previous page.)

Team Name_____

Team Captain

1.Last Name_____First Name_____Sex_____

Address_____Phone_____

2.Last Name_____First Name_____Sex_____

Address_____Phone_____

3.Last Name_____First Name_____Sex_____

Address_____Phone_____

4. Last Name_____First Name_____Sex_____

Address_____Phone_____

RACE CATEGORY: (Please Circle)

Open Men

Open Women

Masters Men (40+)

Masters Women (40+)

Walker

Kids One Mile Run